

# Monthly Activities Report

## Enhanced School Health Services Program

### Massachusetts Tobacco Control Program

**2002-2003**  
School Year

1. A. Month in which these health encounters occurred: \_\_\_\_\_ / \_\_\_\_\_ B. District: \_\_\_\_\_  
(Do NOT enter the date that you filled out the form.) month year

2. Person completing report (include Name and Position): \_\_\_\_\_

### Health Services Activity

3. Number of student and staff health encounters this month. For each encounter:

- Identify the nursing service provided for the **primary presenting issue**. (Choose only *one* category.)
- For student encounters, identify *all other* services provided for **secondary presenting issues**. (Use as many categories as necessary to fully describe the encounter). (Do not count health screenings or casual conversations.)

|                  | First Aid | Illness Assessment* | Nursing Treatment** |            |               |       | Psycho-social Counseling | Individual Health Ed. | Other |
|------------------|-----------|---------------------|---------------------|------------|---------------|-------|--------------------------|-----------------------|-------|
|                  |           |                     | Medications         | Procedures | Immunizations | Other |                          |                       |       |
| <b>STUDENTS</b>  |           |                     |                     |            |               |       |                          |                       |       |
| Primary Issue    |           |                     |                     |            |               |       |                          |                       |       |
| Secondary Issues |           |                     |                     |            |               |       |                          |                       |       |
| <b>STAFF</b>     |           |                     |                     |            |               |       |                          |                       |       |
| Primary Issue    |           |                     |                     |            |               |       |                          |                       |       |

\* "Illness Assessment" includes Nursing Assessment, Triage, & Reassessment of illness.

\*\* The number of "Medications" should correspond to the total number of *Doses Administered* recorded in Question 7b; the number of "Procedures" should correspond to the total number of *Nursing Procedures* recorded in Question 8b.

c) Most common "Other" encounters: \_\_\_\_\_

### Injury Reports

Number this month

4. Injury Reports filed this month

Unintentional

B. Intentional

C. Intent unknown

| I. Students | II. Staff |
|-------------|-----------|
|             |           |
|             |           |
|             |           |

(Do not count minor injuries or injuries requiring minor first aid, only major injuries in which a report was filed.)

### Emergency Referrals

5A. 911/Ambulance transport calls

5B. Other referrals to *emergency* health services\*

\*Including transportation to emergency services by parents

| I. Students | II. Staff |
|-------------|-----------|
|             |           |
|             |           |

### Disposition After Nursing Assessment (Applies to All Illness and Injury Evaluations)

6. Dispositions this month:

Dismissals from school

i. Dismissed\* from school due to illness

\*Sent home, to the emergency room, or to any off-campus premises.

ii. Dismissed\* from school due to injury

\*Sent home, to the emergency room, or to any off-campus premises.

B. Returned to class

C. Other disposition

For example: stayed in health room, referred to Counselor's office, sent home to return later that day.

| I. Students | II. Staff |
|-------------|-----------|
|             |           |
|             |           |
|             |           |
|             |           |

EVERY nursing evaluation encounter should result in ONE disposition, and one disposition only.

## Medication Management

- 7A. Number of *students* with daily or PRN prescription medications (prescribed for administration or self administration during school hours exclusive of “standing orders”). Do not count a student more than once per month, even if he/she has more than one prescription):

8. Number of daily and PRN *prescriptions* kept on file, and *doses* administered or supervised by school nurses, for each of the following types of medication:

For those medications NOT classified as psychotropics but CLEARLY being prescribed for their psychoactive effect, please count under #13 “Other Psychoactive Meds.” (For example, anticonvulsants and antihypertensive medications may be used to affect behavior or mental health status. In this case, count the medications under #13 “Other Psychoactive Medications,” in the “Psychotropic Medications” category).

| Type of Medication                             | Students            |                   |                    | Staff              |
|--|---------------------|-------------------|--------------------|--------------------|
|  | Daily Prescriptions | PRN Prescriptions | Doses Administered | Doses Administered |
| 1 Analgesics                                   |                     |                   |                    |                    |
| 2 Antibiotics                                  |                     |                   |                    |                    |
| 3 Anticonvulsants                              |                     |                   |                    |                    |
| 4 Antihypertensives                            |                     |                   |                    |                    |
| 5 Asthma Medications                           |                     |                   |                    |                    |
| 6 Epinephrine (non asthma related)             |                     |                   |                    |                    |
| 7 Insulin                                      |                     |                   |                    |                    |
| Psychotropic Medications:                      |                     |                   |                    |                    |
| 8 Antianxiety Meds                             |                     |                   |                    |                    |
| 9 Antidepressants                              |                     |                   |                    |                    |
| 10 Antipsychotic Meds                          |                     |                   |                    |                    |
| 11 Mood Stabilizers                            |                     |                   |                    |                    |
| 12 Psychostimulants                            |                     |                   |                    |                    |
| 13 Other Psychoactive Meds <sup>1</sup>        |                     |                   |                    |                    |
| 14 Other Prescription Medications <sup>2</sup> |                     |                   |                    |                    |
| OTC Protocol:                                  |                     |                   |                    |                    |
| 15 OTC Analgesics                              |                     |                   |                    |                    |
| 16 Other OTC Medications                       |                     |                   |                    |                    |

Note 1: “Other Psychoactive” medications: those medications used in strategies to effect changes in *mental status/behaviors* (i.e., inderal, clonidine, naltrexone, etc.).

Note 2: “Other Prescription Medications”: Count *prescription* medications that do not fall into one of the prescription medication categories above. Do not count “Other OTC” and “Other Psychoactive Medications” in this category.

9. Most common types of “Other” prescriptions on file:

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## 10. Nursing Procedures and Interventions

Number of students and staff requiring procedures (or interventions) *this month*, and number of procedures performed on students this month.

| Nursing Procedures  | Students       |                | Staff            |
|---|----------------|----------------|------------------|
|   | I. Individuals | II. Procedures | III. Individuals |
| If Column I ("Students") is greater than 0, then Column II ("Procedures") must NOT be 0 (and vice versa). It may be left blank (to indicate "Don't Know"), however. |                |                |                  |
| A. Auscultate Lungs   |                |                |                  |
| B. Blood Glucose Testing (Glucometer)   |                |                |                  |
| C. Blood Pressure Monitoring  |                |                |                  |
| D. Catheterization or Catheter Care   |                |                |                  |
| E. Chest Physiotherapy  |                |                |                  |
| F. Insulin Pump Care  |                |                |                  |
| G. Central Line Care: Monitor infusion or administration, Tube Replacement or adjustment, Pump monitoring, IV Bag Change  |                |                |                  |
| H. Naso-gastric, Gastrostomy, or Other Feeding Tube Care or Usage   |                |                |                  |
| I. Nebulizer Treatment  |                |                |                  |
| J. Orthotic or Prosthetic Device Adjustment; Wheelchair Assistance  |                |                |                  |
| K. Ostomy Care (Colostomy/Ileostomy/Urostomy)   |                |                |                  |
| L. Oxygen Administration  |                |                |                  |
| M. Oxygen Saturation Check  |                |                |                  |
| N. Peak Flow Monitoring   |                |                |                  |
| O. Physical Therapy (Range of Motion Exercises, etc.)   |                |                |                  |
| P. Suctioning   |                |                |                  |
| Q. Tracheostomy (Care, Cleaning, Tube Replacement)  |                |                |                  |
| R. Wound Care (including Dressing changes)  |                |                |                  |
| S. Other: _____   |                |                |                  |
| T. Other: _____   |                |                |                  |

## Health Screenings

12. Number of initial screenings and follow-ups *this month*. (Include mandated screenings and screenings done in response to an identified problem (i.e., head lice).

| Screening                   | 1. Initial Screenings | 2. Re-Screenings | 3. Referrals | 4. Completed Referrals |
|-----------------------------|-----------------------|------------------|--------------|------------------------|
| A. Hearing                  |                       |                  |              |                        |
| B. Height/weight            |                       |                  |              |                        |
| C. Nutrition*               |                       |                  |              |                        |
| D. Pediculosis (Head Check) |                       |                  |              |                        |
| E. Postural                 |                       |                  |              |                        |
| F. Vision                   |                       |                  |              |                        |

\*Nutrition screening: includes biochemical screenings, assessment of eating patterns, etc. (do NOT count height/weight screenings as a Nutritional screening).

## Oral Health

13A. Number of students who received oral health screenings *this month*.

| 1. Screened by School Nurse | 2. Screened by Dentist or Dental Hygienist | 3. Referrals | 4. Completed Referrals |
|-----------------------------|--|--------------|------------------------|
|                             |  |              |                        |

13B Of the students screened (in question 13A), how many were in the **3<sup>rd</sup> grade**?

14. How many students had dental sealants applied in school this month?

15. How many students had fluoride rinse treatment in school this month?

## Nursing Case Management

Number this month

16. Home visits by school nursing staff:
17. Communications (phone calls, meetings, letters) with anyone regarding IEPs and 504 Plans:
18. Communications with parents or guardians (with or without students present) about individual student health issues (excluding IEPs or 504 Plans). Do NOT count general communications (sent to all parents) OR home visits:
19. Communications with school staff about student health issues (excluding IEPs or 504 Plans):
20. Communications with community agencies and health care providers about student health issues (excluding IEPs or 504 Plans):
21. *New* Individual Health Care Plans developed:
22. *Ongoing* Individual Health Care Plans (not including new plans developed):
23. 51A reports (suspected child abuse/neglect) filed with nurse involvement:
24. Students with standard **Massachusetts Asthma Action Plans** received from providers this month\*:

\*Please count only the students with Standard Triplicate Form "Massachusetts Asthma Action Plans"; do not count other types of plans, even if asthma-related.

## Linkages

25. Individual students without primary care providers who were referred to new primary care providers (see Guidelines):
26. Individual students with regular primary care who were referred to their own primary care providers:
27. Individual students referred to health insurance providers (including MassHealth and Children's Medical Security Plan) Do not include mass mailings:
28. Individual students with *completed referrals (enrollments)* to health insurance providers:

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## Health Education

29. Number of health promotion / education flyers or mailings in which school nurses were involved, that were distributed (by any means) to parents or guardians this month: (Do NOT count the size of the distribution or mailing list, only the number of separate, distinct distributions.)
30. Number of classroom presentations by school nurses this month:  
(not including Tobacco presentations)

|  |
|--|
|  |
|  |

| Topics Presented | Number of Individuals Attending<br>(students, staff, and parents) |
|------------------|---|
| A. _____         | _____   |
| B. _____         | _____   |
| C. _____         | _____   |

## Tobacco Prevention/Cessation

31. Number of *individual students and adults* who received tobacco prevention/cessation services this month, and total number of *group meetings* or *individual counseling sessions* held: (Count participants *only once* per month; count *all* meetings or sessions *offered* during month.)

|                      | Group Programs    |               |                        |               | Individual Services   |                        |
|----------------------|-------------------|---------------|------------------------|---------------|-----------------------|------------------------|
|                      | Cessation Groups* |               | Prevention Ed Groups** |               |                       |                        |
|                      | Led by Nurses     | Led by Others | Led by Nurses          | Led by Others | Individual Counseling | Referrals for Services |
| Adult Participants   |                   |               |                        |               |                       |                        |
| Student Participants |                   |               |                        |               |                       |                        |
| Group Meetings       |                   |               |                        |               |                       |                        |
| Individual Sessions  |                   |               |                        |               |                       |                        |

\* E.g., TAP

\*\* E.g., TEG.

*"Led by Others" means groups led by health aides, teachers, and other non-nursing staff.*

**Number this month:**

**Nutrition**

32. Individual students who received assistance from school nursing staff on nutritional issues this month: (Count students *only once* per month.) \_\_\_\_\_

**Support Groups (other than tobacco prevention/cessation)**

33. Support groups with school nurse involvement (lead, co-lead, or participate in establishing). (Do not count Tobacco-related support groups; those are counted in question #31)

| Type of Support Group                | Number of group meetings this month | Number of participants this month<br>(count participants only <i>once</i> per month, for each type of group) |
|--------------------------------------|-------------------------------------|--|
| A Alcohol or Substance Abuse         |                                     |  |
| B Anger/Conflict/Violence Management |                                     |  |
| C Asthma                             |                                     |  |
| D Diabetes                           |                                     |  |
| E Emotional / Psychosocial Support   |                                     |  |
| F Food Allergy                       |                                     |  |
| G Gay/Bisexual/Lesbian/Transexual    |                                     |  |
| H Nutrition                          |                                     |  |
| I Peer Leadership                    |                                     |  |
| J Other:                             |                                     |  |

**Comments About Public Health Problems**

34. Please provide information about *illness outbreaks* that occurred this month, *unusual screenings* that had to be conducted this month, or other significant public health occurrences:

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**General Comments (Optional)**

35. Provide any additional comments about your data and/or health services activities this month that we should know about (use another page if necessary):

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